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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑ Declaration OR Submitted with Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorn y Docket Number		9/251			
First Named Inventor		Daniel Rajotte			
COMPLI	ETE II	KNOWN			
Application Number	/ To be assigned				
Filing Date	August 8, 2003				
Group Art Unit	To be determined				
Examiner Name	To b	e determined			

	As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Methods and compositions for targeting secretory lysosomes								
the specification of which is attached hereto OR	(Title	e of the Invention)						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number	and w	as amended on (MM/DD/Y)	YYY)		(if applicable).			
I hereby state that I have re- amended by any amendmer			ified specificatio	n, including the c	laims, as			
I acknowledge the duty to di	•		defined in 37 CE	D 1 56				
r acknowledge the duty to di	sciose information which is	material to pateritability as	delined in or or	17 1.50.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached?			
	Country				• •			
Number(s)	Country tion numbers are listed on a	(MM/DD/YYYY)	Not Claimed	YES	NO			
Number(s) Additional foreign applicated the property claim the benefit un	tion numbers are listed on a nder 35 U.S.C. 119(e) of an	(MM/DD/YYYY) supplemental priority data y United States provisional	Not Claimed	YES	NO			
Number(s)	tion numbers are listed on a nder 35 U.S.C. 119(e) of an	(MM/DD/YYYY) supplemental priority data	sheet PTO/SB/(YES	NO			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

United States of A United States or Po information which it	penefit under 35 U.S.C. merica, listed below and CT International application s material to patentability PCT international filing d	l, insofar as on in the ma y as defined	the sub nner pro in 37 C	ject matter vided by th FR 1.56 wi	of ea	ch of the	claims of th	is application	n is not disclosed	in the prior	
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)			Pa	Parent Patent Number (if applicable)				
	. or PCT international ap	plication nun			a sup	olementa	l priority data		SB/02B attached t	nereto.	
As a named inventor, I hereby appoint the following registered practitioners and Trademark Office connected therewith: Customer Number OR				ber	s) name/registration number listed below						
		Registe	Regist		name	registrati			Registration		
	Name	105.0		ber		Suco	Nam n K. Pocc		Number 45.046		
Robert P. Ray Alan R. Stem		25,0 28,9					I. Datiow		45,016 41,482		
Mary-Ellen M	•	27,9					thy X. Wit		40,232		
Anthony P. Bo		41,6					A. Dow	ino worki	46,124		
	tered practitioner(s) nam			Registered	Prac			eet PTO/SB/			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole	or First Inventor:			_		A petitio	n has been	filed for thi	s unsigned inve	entor	
Given Name (first and middle [if any])				Family Name or Surname							
Daniel					Ra	otte					
Inventor's Signature	5	٠٠٠٠	_/,_	4	<u>ئىي،</u>	-Top	` 		Date	8/7/03	
Residence: City	Danbury		State	СТ	<u> </u>	ountry	USA		Citizenship	CA	
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City		Ridgefield State CT ZIP					877	Country	USA		
Additional inv	entore are being nam	ed on the	1 👊	nnlements	A Add	litional I	Inventor(s)	sheet(s) PT	O/SR/02A attac	ched heret	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
Alisa	Kab	cenell						
Inventor's Olioa Kabo	0		Date 8/7/03					
Residence: City	State C	т	USA Country		US Citizenship			
Malling Address								
900 Ridgebury Road Malling Address								
_{City} Ridgefield	State C	Γ	ZIP 06877	Count	_{ry} USA			
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
					<u> </u>			
Inventor's Signature					Date			
Residence: City	State		Country		Citizenship			
Mailing Address								
Mailing Address								
City	State		ZIP	Cou	intry			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature					Date			
Residence: City State			Country		Citizenship			
Mailing Address								
Mailing Address								
City	State		ZIP	C	ountry			

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